



NATIONAL SECURITY AGENCY
CENTRAL SECURITY SERVICE
FORT GEORGE G. MEADE, MARYLAND 20755-6000



August 9, 2004

To: All Contractors

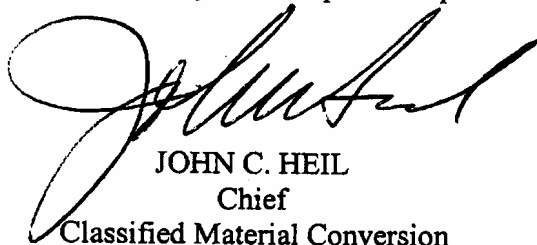
Subject: Approval Form for Destroying Classified Material

- I. All Contractors that will be sending material to our facility for destruction are required to have the attached form on file with us prior to the delivery of material. This form will be updated at the beginning of your contract.
- II. In addition the referenced contract number written and verified on this Contractor Approval Form by the Contracting Officer or Contracting Officers Representative indicates that the contractor possesses Government-Furnished Equipment (GFE), and is authorized to return GFE directly to the CMC. This authorization applies only to GFE, and does not cover equipment to which the contractor owns and holds title. This form insures that NSA does not perform any services on material owned by contractors.
- III. You may either fax or mail the form to us. Our fax number and mailing address are as follows:

FAX #: 301/688-5468

MAIL TO: National Security Agency
Attn: CMC - Suite 6890
9800 Savage Road
Fort George G. Meade, MD 20755-6890

- IV. We continue to do our best to support our customers as we work together to comply with these requirements. If you have questions please call 301/688-6672.



JOHN C. HEIL
Chief
Classified Material Conversion

Encls: (1)
Contractor Approval Form

**CONTRACTORS APPROVAL FORM
FOR THE
DESTRUCTION OF CLASSIFIED MATERIAL
AT NSA/CMC FACILITY**

TO: All Contractors:

Contracting Officer Representative (COR) must complete the necessary information below, and mail or fax to us, prior to the Classified Material Conversion (CMC) receiving or destroying any classified material from contractors. If there are any questions please call our customer service on 301/688-6672.

Mail information to: National Security Agency
ATTN: CMC - Suite 6890
9880 Savage Road
Ft. George G. Meade, MD 20755-6890

FAX information to: **301/688-5468**

.....
Complete the following information: Note If Company affiliates are in different locations please list these locations with addresses & phone numbers.

Date _____

Name of Company _____ E-Mail _____

Name of Person to Contact _____ Phone # _____

Company Address

Verified by: Contracting Officers Representative (COR)

GOVERNMENT FACILITY/AGENCY

CONTRACT NUMBER

E-MAIL ADDRESS

TYPE/PRINT COR NAME

PHONE #

COR'S SIGNATURE

DATE